

Substance Abuse Division, 1400 Donelson Pike, Suite A-15, Nashville, TN 37217, 615-360-3992/800-800-4522

National Health Laboratories Incorporated, 13900 Park Center Rd., Herndon, VA 22071, 703-742-3100

National Psychopharmacology Laboratory, Inc., 9320 Park W. Blvd., Knoxville, TN 37923, 800-251-9492

National Toxicology Laboratories, Inc., 1100 California Ave., Bakersfield, CA 93304, 805-322-4250

Nichols Institute Substance Abuse Testing (NISAT), 7470-A Mission Valley Rd., San Diego, CA 92108-4406, 800-446-4728/619-686-3200 (formerly: Nichols Institute)

Northwest Toxicology, Inc., 1141 E. 3900 South, Salt Lake City, UT 84124, 800-322-3361

Occupational Toxicology Laboratories, Inc., 2002 20th St., Suite 204A, Kenner, LA 70062, 504-465-0751

Oregon Medical Laboratories, P.O. Box 972, 722 East 11th Ave., Eugene, OR 97440-0972, 503-687-2134

Pathology Associates Medical Laboratories, East 11604 Indiana, Spokane, WA 99206, 509-926-2400

PDLA, Inc. (Princeton), 100 Corporate Court, So. Plainfield, NJ 07080, 908-769-8500/800-237-7352

PharmChem Laboratories, Inc., 1505-A O'Brien Dr., Menlo Park, CA 94025, 415-328-6200/800-446-5177

PharmChem Laboratories, Inc., Texas Division, 7606 Pebble Dr., Fort Worth, TX 76118, 817-595-0294 (formerly: Harris Medical Laboratory)

Physicians Reference Laboratory, 7800 West 110th St., Overland Park, KS 66210, 913-338-4070/800-821-3627 (formerly: Physicians Reference Laboratory Toxicology Laboratory)

Poisonlab, Inc., 7272 Clairemont Mesa Rd., San Diego, CA 92111, 619-279-2600/800-882-7272

Puckett Laboratory, 4200 Mamie St., Hattiesburgh, MS 39402, 601-264-3856/800-844-8378

Regional Toxicology Services, 15305 N.E. 40th St., Redmond, WA 98052, 206-882-3400

Roche Biomedical Laboratories, Inc., 1120 Stateline Rd., Southaven, MS 38671, 601-342-1286

Roche Biomedical Laboratories, Inc., 69 First Ave., Raritan, NJ 08869, 800-437-4986

Roche CompuChem Laboratories, Inc., A Member of the Roche Group, 3308 Chapel Hill/Nelson Hwy., Research Triangle Park, NC 27709, 919-549-8263/800-833-3984 (Formerly: CompuChem Laboratories, Inc., A Subsidiary of Roche Biomedical Laboratory)

Roche CompuChem Laboratories, Inc., Special Division, A Member of the Roche Group, 3308 Chapel Hill/Nelson Hwy., Research Triangle Park, NC 27709, 919-549-8263 (Formerly: CompuChem Laboratories, Inc.—Special Division)

Scientific Testing Laboratories, Inc., 463 Southlake Blvd., Richmond, VA 23236, 804-378-9130

Scott & White Drug Testing Laboratory, 600 S. 25th St., Temple, TX 76504, 800-749-3788

S.E.D. Medical Laboratories, 500 Walter NE, Suite 500, Albuquerque, NM 87102, 505-848-8800

Sierra Nevada Laboratories, Inc., 888 Willow St., Reno, NV 89502, 800-648-5472

SmithKline Beecham Clinical Laboratories, 7600 Tyrone Ave., Van Nuys, CA 91045, 818-376-2520

SmithKline Beecham Clinical Laboratories, 801 East Dixie Ave., Leesburg, FL 32748, 904-787-9006 (formerly: Doctors & Physicians Laboratory)

SmithKline Beecham Clinical Laboratories, 3175 Presidential Dr., Atlanta, GA 30340, 404-934-9205 (formerly: SmithKline Bio-Science Laboratories)

SmithKline Beecham Clinical Laboratories, 506 E. State Pkwy., Schaumburg, IL 60173, 708-885-2010 (formerly: International Toxicology Laboratories)

SmithKline Beecham Clinical Laboratories, 400 Egypt Rd., Norristown, PA 19403, 800-523-5447 (formerly: SmithKline Bio-Science Laboratories)

SmithKline Beecham Clinical Laboratories, 8000 Sovereign Row, Dallas, TX 75247, 214-638-1301 (formerly: SmithKline Bio-Science Laboratories)

South Bend Medical Foundation, Inc., 530 N. Lafayette Blvd., South Bend, IN 46601, 219-234-4176

Southwest Laboratories, 2727 W. Baseline Rd., Suite 6, Tempe, AZ 85283, 602-438-8507

St. Anthony Hospital (Toxicology Laboratory), P.O. Box 205, 1000 N. Lee St., Oklahoma City, OK 73102, 405-272-7052

Toxicology & Drug Monitoring Laboratory, University of Missouri Hospital & Clinics, 301 Business Loop 70 West, Suite 208, Columbia, MO 65203, 314-882-1273

Toxicology Testing Service, Inc., 5426 N.W. 79th Ave., Miami, FL 33166, 305-593-2260

TOXWORX Laboratories, Inc., 6160 Variel Ave., Woodland Hills, CA 91367, 818-226-4373 (formerly: Laboratory Specialists, Inc.; Abused Drug Laboratories; MedTox Bio-Analytical, a Division of MedTox Laboratories, Inc.)

UNILAB, 18408 Oxnard St., Tarzana, CA 91356, 800-492-0800/818-343-8191 (formerly: MetWest-BPL Toxicology Laboratory)

The following laboratory withdrew from the Program on October 14, 1994:

Dept. of the Navy, Navy Drug Screening Laboratory, Norfolk, VA, 1321 Gilbert St., Norfolk, VA 23511-2597, 804-444-8089 ext. 317

The following laboratory withdrew from the Program on December 14, 1994:

National Drug Assessment Corporation, 5419 South Western, Oklahoma City, OK 73109, 800-749-3784 (formerly: Med Arts Lab)

Richard Kopanda,

Acting Executive Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 95-1 Filed 1-3-95; 8:45 am]

BILLING CODE 4160-20-U

Fiscal Year (FY) 1995 Funding Opportunities for Grants From the Center for Substance Abuse Treatment

AGENCY: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), HHS.

ACTION: Notice of funding availability.

SUMMARY: The Center for Substance Abuse Treatment (CSAT), SAMHSA, announces that FY 1995 funds are available for grants for the following activities. These activities are discussed in more detail under Section 4 of this notice.

Activity	Application deadline	Estimated funds available (thousands)	Estimated No. of awards	Project period
Substance abuse	01-10-95	\$400	8	1 year.
Conference Grants	05-10-95 09-10-95			
Comprehensive HIV/AIDS Outreach Services	04-27-95	7,500	20-25	2-3 years.
Residential women and children	03-21-95	10,000	10-14	Up to 5 years.
Pregnant/post-partum women	03-21-95	4,000	5-6	Up to 5 years.

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the volume and quality of applications. Awards are

made for grant periods which generally run from 1 up to 5 years in duration. FY 1995 funds for substance abuse treatment services and demonstration programs are appropriated by the

Congress under Public Law 103-333. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published

in the **Federal Register** (Vol. 58, No. 126) on July 2, 1993.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The Center's treatment improvement services and demonstration activities address issues related to Healthy People 2000 objectives: Promoting the physical, social, psychological and economic well-being of individuals recovering from alcohol and other drug dependencies; enhancing the physical, emotional, social and cognitive development of children exposed to alcohol and other drugs of abuse; promoting safe and healthy pregnancies and perinatal outcome; reducing the infant mortality rate and increasing the proportion of infants who receive recommended primary health care services; promoting outreach to drug abusers, IV drug users using uncontaminated paraphernalia, testing for HIV infection; increasing access to treatment programs; and promoting the collaboration of primary care, mental health and substance abuse treatment.

Additional themes include fostering closer coordination between the criminal justice and public health systems to collaboratively address issues related to alcohol and other drug-related crime and violence; managing health care for community-based offender populations and designing cost-effective programming that is responsive to today's health care issues.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone: 202-783-3238).

GENERAL INSTRUCTIONS: Applicants for grants must use application form PHS 5161-1 (Rev. 7/92). The Application Kit contains the PHS 5161-1, Standard Form 424 (Face Page) and complete instructions for preparing and submitting applications. The Kit may be obtained from: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345, 1-800-729-6686.

When requesting an Application Kit, the applicant must specify the particular activity(ies) for which detailed information is desired. This is to ensure receipt of all necessary forms and information, including any specific program review and award criteria.

APPLICATION SUBMISSION: Applications must be submitted to: Center for Substance Abuse Treatment Programs, Division of Research Grants, NIH, Westwood Building, Room 240, 5333 Westbard Avenue, Bethesda, Maryland 20892*

(*If an overnight carrier or express mail is used, the Zip Code is 20816.)

APPLICATION DEADLINES: The deadlines for receipt of applications are listed in the table above. Please note that the deadlines differ for the individual categories of grants.

Competing applications must be received by the indicated receipt date(s) to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and that date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. If the receipt date falls on a weekend, it will be extended to Monday; if the date falls on a national holiday, it will be extended to the following work day.

Applications received after the receipt date(s) or those sent to an address other than the address specified above will be returned to the applicant without review.

FOR FURTHER INFORMATION CONTACT: Requests for activity-specific technical information should be directed to the contact person identified for each activity covered by this notice (see Section 4).

Requests for information concerning business management issues should be directed to: Ms. Mabel Lam, Grants Management Office, Center for Substance Abuse Treatment, Rockwall II Building, 6th Floor, 5600 Fishers Lane, Rockville, Maryland 20857, 1-301-443-9665.

SUPPLEMENTARY INFORMATION: To facilitate the use of this notice of funding availability, information in this section has been organized, as outlined in the Table of Contents below. For each activity, information is presented under the following headings:

- Application Deadline
- Purpose
- Priorities
- Eligible Applicants
- Grants/Amounts
- Catalog of Federal Domestic Assistance Number
- Program Contact

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1. Program Background and Objectives

SAMHSA's CSAT has been given a statutory mandate to expand the availability of effective treatment and recovery services for alcohol and other drug problems in the United States. CSAT utilizes a variety of grant, training, and technical assistance efforts to accomplish this mission through expanding human resources, improving the capabilities of the State and sub-State management infrastructure, and developing and promoting cost-effective approaches for treatment and recovery services.

CSAT seeks to expand the availability and improve the quality of services aimed at addressing the special needs of populations that are especially vulnerable to addictive disorders, as well as to expand the volume of effective treatment and recovery services in targeted geographic areas where the demand for services far exceeds the existing capacity. The Center also works to upgrade the quality and effectiveness of treatment and recovery services through improved coordination among treatment providers, recovery programs, primary health care entities, mental health care providers, human service agencies, housing authorities, educational and vocational services, the criminal justice system, and a variety of related services. Further, CSAT seeks to upgrade the financial and physical condition of publicly funded addiction treatment and recovery programs.

2. Special Concerns

SAMHSA's CSAT will address a number of special concerns in FY 1995. Particular emphasis will be placed on comprehensive approaches to treatment, and coordination with other Federal and

non-Federal programs. Special emphasis will be given to providing assistance for racial and ethnic minority populations; adolescents; residents of public housing and the homeless; women, their infants and children; rural populations; migrant workers; substance abusers involved in the criminal justice system; the disabled; those at risk for HIV/AIDS, tuberculosis (TB), sexually transmitted diseases (STDs), and other infectious diseases; and those with co-occurring mental disorders.

3. Criteria for Review and Funding

Competing applications requesting funding under the specific project activities in Section 4 will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures.

Applications that are accepted for review will be assigned to an Initial Review Group (IRG) composed primarily of non-Federal experts. Applications will be recommended for approval or disapproval on the basis of technical merit. Applications recommended for approval will be assigned scores according to level of merit.

Notification of the IRG's recommendation will be sent to the applicant upon completion of the initial review. In addition, the IRG recommendations on technical merit of applications over \$50,000 will undergo a second level of review by the CSAT National Advisory Council, whose review may be based on policy considerations, as well as technical merit.

3.1 General Review Criteria

As published in the **Federal Register** on July 2, 1993 (Vol. 58, No. 126), SAMHSA's "Peer Review and Advisory Council Review of Grant and Cooperative Agreement Applications and Contract Proposals," peer review groups will take into account, among other factors as may be specified in the application guidance materials, the following general criteria:

- Potential significance of the proposed project;
- Appropriateness of the applicant's proposed objectives to the goals of the specific program;
- Adequacy and appropriateness of the proposed approach and activities;
- Adequacy of available resources, such as facilities and equipment;
- Qualifications and experience of the applicant organization, the project director, and other key personnel; and
- Reasonableness of the proposed budget.

3.2 Funding Criteria for Approved Applications

Applications recommended for approval by the peer review group and the CSAT National Advisory Council (if applicable) will be considered for funding on the basis of their overall technical merit as determined through the review process.

Other funding criteria will include;

- Availability of funds.
- Geographic distribution.

Additional funding criteria specific to the programmatic activity may be included in the application guidance materials.

4. Special FY 1995 Substance Abuse Treatment Activities

Project activities are grouped in this notice under one section: Grants.

4.1 Grants

Four major activities for CSAT grant programs are discussed below.

4.1.1 Substance Abuse Treatment Conference Grants.

- Application Deadlines: January 10, May 10, September 10, 1995.
- Purpose: To provide support for domestic conferences relating to alcohol and other substance abuse treatment, including conferences for the purposes of coordinating, exchanging and disseminating information to the services community and the general public; and for the development of strategies for improving substance abuse treatment.
- Priorities: Consumer and treatment services-oriented constituency groups, including those representing State and local governments, professional associations, voluntary organizations, and self-help groups that share a mutual interest with CSAT.

- Eligible Applicants: Public and non-profit private entities.
- Grants/Amounts: Approximately eight (8) awards. Individual awards may not exceed \$50,000 or 50% of the total costs of the conference, whichever is less.

• Catalog of Federal Domestic Assistance Number: 93.218.

• Program Contact: Nancy S. Kilpatrick, M.A., Office of Scientific Analysis and Evaluation, Center for Substance Abuse Treatment, Rockwall II Building, 6th Floor, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-8831.

4.1.2 Community Based Comprehensive HIV/STD/TB Outreach Services for High Risk Substance Abusers Demonstration Program

- Application Deadline: April 27, 1995.
 - Purpose: To support community-based comprehensive HIV/STD/TB outreach intervention services for chronic, hardcore substance abusers and their sex and/or needle sharing partners. Projects will demonstrate: (1) The efficacy of outreach as an intervention for facilitating access to substance abuse treatment, and (2) that comprehensive outreach interventions affect behavior changes in the targeted populations.
 - Priorities: Extent to which outreach intervention services are directed towards chronic, hardcore substance abusers and their sex/needle sharing partner(s). Chronic, hardcore substance abusers are defined as those individuals who have severe drug problems, frequently inject heroin and/or cocaine, and/or who are polydrug users. Emphasis is expected on providing outreach services to the following subpopulations: racial/ethnic minorities (includes African Americans, Latinos/Hispanics, Asian/Pacific Islanders, American Indians, Alaska Natives, and Native Hawaiians); women; residents of public housing projects; and homeless individuals.
 - Eligible Applicants: Public and private non-profit entities must submit their applications through the Single State Agency (SSA) in their State. Indian Tribal authorities constitute an exception and may apply directly to CSAT without going through an SSA. Public and private non-profit providers presently operating in the third and final year of grants awarded in 1992 under the former Office of Treatment Improvement's demonstration program for AIDS Outreach for Substance Abusers are eligible to apply for competing renewals under this announcement for up to two additional years of support.
 - Grants/Amounts: 20-25 awards, with individual award amounts varying from \$275,000-\$375,000. CSAT expects to set aside no more than 50% of available funds for competing renewals.
 - Catalog of Federal Domestic Assistance Number: 93.949
 - Program Contact: Wendell McConnell, M.D., Chief, HIV/Linkage Branch, Center for Substance Abuse Treatment, Rockwall II Building, 6th Floor, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-8160.
- Note:** Complete guidelines for preparing and submitting an application under this activity will be available on January 18, 1995.

4.1.3 Demonstration Grant Program for Residential Treatment for Women and their Children

- Application Deadline: March 21, 1995.
- Purpose: To improve the service, access to and/or delivery system for substance abusing, parenting women and their children in comprehensive residential treatment programs that have potential for becoming models; to provide findings that will support or modify existing information on the potential generalizability to appropriate populations; and to develop knowledge that can be transferred. Projects will demonstrate that substance abuse treatment services, delivered in residential settings coupled with primary health, mental health, and social services can improve overall treatment outcomes for women/children by decreasing alcohol and other drug use; improving physical health, and reducing client morbidity/mortality; improving emotional/psychological health, and family/social functioning; enhancing socio-economic well-being of women/family unit services; decreasing involvement in crime, inter-personal violence, child abuse and neglect, and sexual abuse; and enhancing cognitive/educational development of children.
- Priorities: Racial/ethnic minority women; in particular, Native American/Alaska Native and Hispanic women. Other groups include women who have been physically or sexually abused; women and children involved, or at risk for involvement, with the foster care/child welfare system; adolescent and adult women in the Criminal Justice (CJ) system; women with co-occurring disorders; and women who are cognitively or physically impaired. Significant others/extended family members when determined in the best interest of the women and children.
- Eligible Applicants: Public and private non-profit treatment providers must submit their applications through the Single State Agency (SSA) in their State. Indian Tribal authorities constitute an exception and may apply directly to CSAT without going through an SSA.
- Grants/Amounts: 10–14 awards, with individual award amounts varying from \$600,000–\$900,000.
- Catalog of Federal Domestic Assistance Number: 93.102
- Program Contact: Maggie Wilmore, Division of Clinical Programs, Center for Substance Abuse Treatment, Rockwall II Building, 6th Floor, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443–8160.

4.1.4 Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

- Application Deadline: March 21, 1995.
- Purpose: To expand availability of comprehensive, quality residential treatment for pregnant/postpartum women and their infants who suffer from alcohol and other drug abuse problems. Funds will support alcohol and other drug abuse treatment services to be delivered in residential settings, coupled with primary health, mental health and social services, that strive to: decrease alcohol and other drug (AOD) use; improve physical health, promote safe and healthy pregnancies/perinatal outcome, and reduce client morbidity and mortality; improve psychological and emotional health, and family social functioning; enhance socio-economic well-being of women/family unit by improving employment status, accessibility to housing, and human services; decrease interpersonal violence, child abuse and neglect, and sexual abuse; and enhance the cognitive/educational development of infants/children with intra-uterine exposure to AOD use.
- Priorities: Racial/ethnic minority women; in particular, Native American/Alaska Native and Hispanic women. Other groups include women who have been physically or sexually abused; women and children involved, or at risk for involvement, with the foster care/child welfare system; adolescent and adult women in the Criminal Justice (CJ) system; women with co-occurring disorders; and those with cognitive or physical impairment. Significant others/extended family members when determined in the best interest of the women and children.
- Eligible Applicants: Public and private non-profit treatment providers must submit their applications through the Single State Agency (SSA) in their State. Indian Tribal authorities constitute an exception and may apply directly to CSAT without going through an SSA.
- Grants/Amounts: 5–6 awards, with individual award amounts varying from \$600,000–\$800,000.
- Catalog of Federal Domestic Assistance Number: 93.101
- Program Contact: Maggie Wilmore, Division of Clinical Programs, Center for Substance Abuse Treatment, Rockwall II Building, 6th Floor, 5600 Fishers Lane, Rockville, Maryland 20857 (301) 443–8160.

5. Public Health System Reporting Requirements

The Public Health System Impact Statement (PHSIS) is intended to keep State and local health officials apprised of proposed health services grant and cooperative agreement applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental service providers who are not transmitting their applications through the State must submit a PHSIS to the head(s) of the appropriate State and local health agencies in the area(s) to be affected not later than the pertinent receipt date for applications. The PHSIS consists of the following information:

- a. A copy of the face page of the application (Standard form 424).
- b. A summary of the project (PHSIS), not to exceed one page, which provides:
 - (1) A description of the population to be served.
 - (2) A summary of the services to be provided.
 - (3) A description of the coordination planned with the appropriate State or local health agencies.

State and local governments and Indian Tribal Authority applicants are not subject to the Public Health System Reporting Requirements.

Application guidance materials will specify if a particular FY 1995 activity described above is not subject to the Public Health System Reporting Requirements.

6. PHS Non-use of Tobacco Policy Statement

The PHS strongly encourages all grant and cooperative agreement recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Specific application guidance materials may include more detailed guidance as to how the Center will implement SAMHSA's policy on promoting the non-use of tobacco.

7. Executive Order 12372

Applications submitted in response to most, if not all, of the FY 1995 activities listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than Federally recognized Indian tribal

governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Office of Review, Substance Abuse and Mental Health Services Administration, Rockwall II Building, Suite 630, 5600 Fishers Lane, Rockville, MD 20857.

The due date for State review process recommendations is no later than 60 days after the specified deadline date for the receipt of applications. The CSAT does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Application guidance materials will specify if a particular FY 1995 activity described above is not subject to the provisions of Executive Order 12372.

Dated: December 28, 1994.

Richard Kopanda,

Acting Executive Officer, SAMHSA.

[FR Doc. 95-15 Filed 1-3-95; 8:45 am]

BILLING CODE 4162-20-U

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Notice of Availability of a Final Environmental Assessment, and a Finding of No Significant Impact Regarding Genetic Restoration and Management for the Florida Panther

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of document availability and finding of no significant impact.

SUMMARY: The Fish and Wildlife Service (Service) announces completion of the Environmental Assessment regarding genetic restoration and management for the endangered Florida panther (*Felis concolor coryi*). Copies of the Environmental Assessment are available from the Service. The Service also announces a determination that the proposed genetic restoration and management program are not a major Federal action significantly affecting the quality of the human environment within the meaning of Section 102(2) (C) of the National Environmental Policy Act of 1969, as amended. The "Finding of No Significant Impact" is based on information contained in the final Environmental Assessment, the

approved Florida Panther Recovery Plan, the Plan for Genetic Restoration and Management of the Florida Panther, other pertinent scientific and technical data, and public comments received on the draft Environmental Assessment.

ADDRESSES: Copies of the Environmental Assessment are available from the U.S. Fish and Wildlife Service, Post Office Box 110450, Gainesville, Florida 32611-0450.

FOR FURTHER INFORMATION CONTACT: Dennis B. Jordan, Florida Panther Coordinator (see **ADDRESSES** section), telephone 904/392-1861.

SUPPLEMENTARY INFORMATION:

Background

Restoring endangered or threatened animals or plants to the point where they are again secure, self-sustaining members of their ecosystems is a primary goal of the Service's endangered species program. The Florida panther is one of the most endangered large mammals in the world. The panther formerly occupied a range comprising much of the southeastern United States. This range was contiguous with other populations of North American cougars (*Felis concolor* spp.). A single population estimated to number 30 to 50 adults represents the sole known remaining population in the wild. This population utilized approximately 2-3 million acres of habitat on public and privately owned lands in southern Florida. The biological circumstances of geographic isolation, habitat loss, population reductions, and associated inbreeding have resulted in significant loss of genetic variation and health of the population. The genetic variability and health of the panther must be restored for the taxon to survive even with adequate habitat preservation and other enhancement measures. Existing data indicate that the Florida panther will likely go extinct without actions to restore genetic health to the population.

Population declines and associated inbreeding in the Florida panther have resulted in significant losses in genetic variability and viability. The population exhibits multiple physiological abnormalities that are likely a consequence of recent close inbreeding. High incidences of maladaptive traits which include reproductive and medical abnormalities have been observed. Significant among these are: Cryptorchidism (50+ percent of male population), abnormal sperm (average 93.5 percent per ejaculate), and atrial septal defects (5 individuals within last 2 decades). Furthermore, the Florida panther has suffered from numerous

health problems and infectious disease that may be a consequence of a defective immune system.

The purpose of the proposed action is to implement a genetic restoration and management program designed to improve the genetic health, survivability and recovery potential of the Florida panther. The proposed program involves a strategy designed to restore lost historic gene flow into the panther from another *Felis concolor* subspecies.

As part of the development of the proposed action, the Service consulted with the Florida Panther Interagency Committee; numerous biologists, geneticists, scientists, and managers; and, received and reviewed written comments from the public. Based on the results of this review process, the Service has concluded that the proposed action (Alternative 2 of the subject Environmental Assessment—translocate a minimum number of wild non-Florida individuals into the wild population) provides the best overall opportunity to restore genetic health to the Florida panther.

Author

The primary author of this document is Mr. Dennis Jordan (see **ADDRESSES** section).

Authority

The authority for this action is the Endangered Species Act (16 U.S.C. 1532 *et seq.*).

Dated: December 27, 1994.

John T. Brown,

Acting Regional Director.

[FR Doc. 95-57 Filed 1-3-95; 8:45 am]

BILLING CODE 4310-55-M

National Park Service

National Register of Historic Places; Notification of Pending Nominations

Nominations for the following properties being considered for listing in the National Register were received by the National Park Service before December 24, 1994. Pursuant to § 60.13 of 36 CFR Part 60 written comments concerning the significance of these properties under the National Register criteria for evaluation may be forwarded to the National Register criteria for evaluation may be forwarded to the National Register, National Park Service, P.O. Box 37127, Washington, DC 20013-